|  |  |   |                                     |  |                  |                          | Application or Docket Number |        |                        |                  |                     |                        |
|--|--|---|-------------------------------------|--|------------------|--------------------------|------------------------------|--------|------------------------|------------------|---------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  01-201-200-2011  |  |   |                                     |  |                  |                          |                              |        |                        |                  |                     | B                      |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                                     |  |                  |                          | SMAI                         |        | NTITY                  | OR               | OTHER<br>SMALL I    |                        |
| TOTAL CLAIMS   |  |   | 21                                  |  |                  |                          | RA                           | TE     | FEE                    |                  | RATE                | FEE                    |
| FOR  |  |   | NUMBER FILED NUMBER EXTE            |  |                  | R EXTRA                  | BASI                         | FEE    | 355.00                 | OR               | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | 2 minus 20= *                       |  |                  | X\$                      | 9=                           | Cl     | OR                     | X\$18=           |                     |                        |
| INDEPENDENT CLAIMS   |  |   | / minus 3 = *                       |  |                  | X4                       | 0=                           | 40     | OR                     | X80=             |                     |                        |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM P                                | RESENT                              |  |                  |                          | +13                          | 35=    |                        | OR               | +270=               |                        |
| * If   | the difference i                               | less than ze                                | ss than zero, enter "0" in column 2 |  |                  |                          | TOTAL GET                    |        |                        | TOTAL            | ·                   |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |  |   |                                     |  |                  | SM                       | ALL !                        | ENTITY | OR                     | OTHER<br>SMALL I |                     |                        |
| AMENDMENT A  |  | CLAIMS REMAINING AFTER AMENDMENT            |                                     | HIGHES<br>NUMBE<br>PREVIOL<br>PAID FO        | ST<br>ER<br>JSLY | PRESENT<br>EXTRA         | RA                           | TE     | ADDI-<br>TIONAL<br>FEE |                  | RATE                | ADDI-<br>TIONAL<br>FEE |
| DME  | Total  | *   | Minus                               | **   |                  | =                        | X\$                          | 9=     |                        | OR               | X\$18=              |                        |
| ME   | Independent                                    | *   | Minus                               | ***  |                  | =                        | X4                           | 0=     |                        | OR               | X80=                |                        |
| Ľ  | FIRST PRESE                                    | NTATION OF M                                | ULTIPLE DEF                         | PENDENT                                      | CLAIM            |                          | +13                          | 35=    |                        | OR               | +270=               |                        |
|  |  |   |                                     |  |                  |                          | L                            | OTAL   |                        | OR               | TOTAL               |                        |
|  | (Column 1) (Column 2) (Column 3)               |   |                                     |  |                  |                          |                              | . FEE  |                        |                  | ADDIT. FEE          | }                      |
| AMENDMENT B  |  | CLAIMS REMAINING AFTER AMENDMENT            |                                     | HIGHE<br>NUMB<br>PREVIOU<br>PAID F           | ST<br>ER<br>USLY | PRESENT<br>EXTRA         | RA                           | TE     | ADDI-<br>TIONAL<br>FEE |                  | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                               | **   |                  | =                        | X\$                          | 9=     |                        | OR               | X\$18=              |                        |
|  | Independent                                    | *   | Minus                               | ***  |                  | =                        | X4                           | 0=     |                        | OR               | X80=                |                        |
| Ľ  | FIRST PRESE                                    | NTATION OF M                                | ULTIPLE DEF                         | PENDENT                                      | CLAIM            |                          | +1:                          | 35=    |                        | OR               | +270=               |                        |
|  |  |   | •                                   |  |                  |                          |                              | OTAL   |                        | OR               | TOTAL<br>ADDIT. FEE |                        |
|  |  | ADDIT                                       | . FEE                               |  | 4                | ADDIT. FEE               |                              |        |                        |                  |                     |                        |
| AMENDMENT C  |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                                     | (Colum<br>HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ST<br>ER<br>USLY | (Column 3) PRESENT EXTRA | RA                           | ΤE     | ADDI-<br>TIONAL<br>FEE |                  | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                               | **   |                  | =                        | X\$                          | 9=     |                        | OR               | X\$18=              | ï                      |
|  | Independent                                    | *   | Minus                               | ***  |                  | =                        | X                            | 0=     |                        | 1                | Voo                 |                        |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                     |  |                  |                          | <del>  -</del>               |        |                        | OR               |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |   |                                     |  |                  |                          |                              | 35=    |                        | OR               | TOTAL               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                                     |  |                  |                          |                              |        |                        |                  |                     | L                      |